

City of Fort Worth – Planning & Development Department – Customer Service Division
Fax Application Form for All Mechanical Permits Types
Fax Number – 817-392-8116 Automated Inspection Request Line – 817-392-6370

Is This a **Remodel** ____ **New Construction** ____ or **New Addition**: ____ If New Construction or New Addition, in order to avoid Permit Fees for approved Umbrella Permits, we **MUST** have the Building Permit Number PB

Please Check One Below:

Is This **Residential**: ____ **Commercial**: ____ **3RD Party**: ____ Third Party Name: _____ Permit Contact Name: _____

Contractor's Name _____ FW Reg # W/RM/M _____ Contact Phone#: _____ Fax: _____

Job Address: _____ Floor/Suite/Bldg.# _____ Mechanical Bid Value: \$ _____

		<u>Units</u>			<u>Units</u>			<u>Tons</u>
Heaters;	Gas Htg 0-100 MBTU	____	Roof Top	C-RTAC 0-3 ton	____	Condensing UnitsA/C	11-30 ton	____
Forced Air,	101-400MBTU	____	Cooling Only	3.5-5 ton	____	Or Chillers	31-100 ton	____
Unit, Wall,	Elec Htg 0 - 20 KW	____	Combination	5.5-7.5 ton	____		101-320 ton	____
Floor, etc.	21 -40 KW	____		8-10 ton	____		321-520 ton	____
	-----	____		-----	____		> 520 ton	____
Condensing	A/C 0 - 2 ton	____	Roof Top	HC-RTAC 0-3ton	____	Roof Top	-----	____
Units, or	2.5 - 3 ton	____	Heat/Cool	3.5 -5 ton	____	Cooling Only	C-RTAC > 10 ton	____
Chillers	3.5 - 5 ton	____	Combination	5.5 - 7.5 ton	____	Heat/Cool	HC-RTAC > 10 ton	____
	5.5 - 7.5 ton	____		8 - 10 ton	____		-----	____
	8 - 10 ton	____		-----	____		Coil > 8 ton	____
	-----	____	Boilers or	GAS-APL/MBTU	____		Cooling Tower	____
	Coils 0 - 8 ton	____	Large	APL/HP	____			
	Fan Coils 0 - 8 ton	____	Heaters	ELEC/APL/KW	____			<u>Units</u>
	Fan Coils >8ton/ton	____		-----	____		Cir Pump	____
	Hood Duct - Res	____	Commercial	Type I Hood	____		Evap Cooler	____
	Toilet Fan	____	Kitchen	Type I Duct	____		Vent Fan/Duct Sys	____
	Dryer Vent - Res	____	Exhaust	Type I Fan	____		Industrial Hood	____
	French Drain	____		Type II Hood	____		Mech - Vent	____
	Gas Ext Test	____		Type II Duct	____		Flue listed UL	____
	Duct Additions	____		Type II Fan	____		Flue Stack Com	____
	Smoke Shutoff	____		Make Up Air	____		Com Dryer Vent	____
	Fire Smoke Damper	____		-----	____		Incinerator /M	____
	Misc. Equipment	____		Thru Wall Unit	____		Incinerator - Mod	____
	Fireplace	____		Vav Box Air	____		Smoke - Extr	____
				Vav Box Fan	____		Solar System	____
							Heat Recover	____
							Humidifier	____

Payment Must be Made by Credit Card (Please Check One): Master Card: ____ Visa: ____ American Express: ____ Discover: ____

City Charge Accounts are No Longer Available

Card #: _____ Expire Date: _____ 3 Digit CVS Code: _____

Cardholder's Name: _____ Card Street Billing Address: _____

Signature: _____ Card Billing Zip Code: _____

WARNING: FAXING MORE THAN ONE REQUEST FOR A SINGLE PERMIT MAY RESULT IN DUPLICATE PERMITS & NON REFUNDABLE FEES.

We Will Attempt To Issue All Permits Received Before 3:30 P.M. & Notify You Of Your Permit Number That Same Day Or By 5:00 P.M. The Following Work-day. In The Event That You Do Not Hear From Us You May Call The Next Work Day To Check Permit Status at: 817-392-2222.

<http://www.fortworthgov.org/planninganddevelopment>

DevCustomerService@fortworthgov.org

City Use Only:

Processed By: _____

Permit Number: PM

Fee: \$ _____

Revised 021308.OEE